

CWRF Funding Cycle 2005 Priority List Application

Side 1 of 2 (Use Separate Form for Each Project)

Application # CW - _ _ _ - 2005 (WIFA use only)

SECTION 1: APPLICANT INFORMATION

- 1.1 Applicant: _____ Contact: _____
- 1.2 Address: _____
- 1.3 Phone: _____ Fax: _____
E-mail: _____
- 1.4 County in Which Project is Located: _____
- 1.5 Number of Benefiting Connections: _____ Population Served by the System: _____
- 1.6 Average Monthly User Fees/Charges (*base & use*) for an Average Residential User: \$ _____
- 1.7 Total Debt (*Principal Only*) Payable by System Users: \$ _____
- 1.8 ADEQ System Identification Number: _____

SECTION 2: PROJECT DESCRIPTION

- 2.1 Project Title/Name: _____
- 2.2 Briefly summarize the reason for the proposed project and/or attach a summary: (*Include a description of the existing facilities, current conditions initiating the proposed project and give details regarding any Notice of Violation(s) and/or Consent Order from a regulating agency. Attach Copy.*)
- 2.3 Is the Project consistent with the Water Quality Management (208) Plan? ☐ Yes ☐ No
- 2.4 Project Description (*Check appropriate Project Category(ies) and Project Type within the Project Category*)
- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="radio"/> Facility Upgrade (<i>Check Project Type</i>) <ul style="list-style-type: none"> <input type="radio"/> Meet More Stringent Standards <input type="radio"/> Relieve Existing Design Inadequacies <input type="radio"/> Resolve Existing O/M Violations <input type="radio"/> Expand Treatment Capacity (<i>Check Project Type</i>) <ul style="list-style-type: none"> <input type="radio"/> Existing Service Area <input type="radio"/> Unsewered Area Outside Service Area <input type="radio"/> Future Growth | <ul style="list-style-type: none"> <input type="radio"/> Collection Lines (<i>Check Project Type</i>) <ul style="list-style-type: none"> <input type="radio"/> Extend Service to Unsewered Area with Documented Water Quality Problem <input type="radio"/> Rehabilitate or Replace Existing Lines <input type="radio"/> Extend Service to Unsewered Area <input type="radio"/> Replace Lines for Existing Growth <input type="radio"/> Replace Lines for Future Growth <input type="radio"/> Additional Disposal Capacity |
|--|--|
- 2.5 Consolidation and Regionalization (*Check appropriate boxes*)
- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="radio"/> Consolidate Existing Physical Facilities <input type="radio"/> Consolidate Existing Operations | <ul style="list-style-type: none"> <input type="radio"/> Consolidate Existing Service Areas <input type="radio"/> Consolidate Existing Ownerships |
|---|---|
- 2.6 Type of Loan required during funding cycle 2005 (*check appropriate box*)
- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="radio"/> Design | <ul style="list-style-type: none"> <input type="radio"/> Construction |
|--|--|

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2.7 Reclaim, Reuse & Recharge:

- a. Will the project reclaim, reuse, or recharge of the wastewater? ☐ Yes ☐ No
- b. If above is "Yes," include the Aquifer Protection Permit # or Application Date:
- c. Will the project recycle wastewater constituents? ☐ Yes ☐ No
- d. If above is "Yes," include Reuse Permit # or Application Date:
- e. Indicate intended use of reclaimed water:

2.8 Facility will Discharge to: (Check appropriate box)

- ☐ Surface Water Discharge Name/Location:
- ☐ Groundwater/Aquifer Discharge Name/Location:
- ☐ Other Use (including reclaiming and reusing; summarize on attachment)

SECTION 3: AMOUNT OF FINANCIAL ASSISTANCE

Total Project Costs	Amount Requested from WIFA	Amount Funded Locally	Amount Funded from Other Sources
\$	= \$	+ \$	+ \$

List Names of Other Funding Sources:

SECTION 4: READINESS TO PROCEED INDICATORS

4.1 Debt Authorization (Authorization through election or special district creation or process.) (Check appropriate box):

- ☐ Authorized – Enclose copy of official election canvas or copy of special district proceedings.
- ☐ Scheduled – Anticipated Election or Authorization Date (insert date):
- ☐ No Plans to Schedule within Funding Cycle – January 2005 through December 2005.

4.2 Project Plans & Specifications: (Check appropriate box)

- ☐ Approved – Enclose Approval Notification.
- ☐ Scheduled for Approval – Anticipated Approval Date (insert date):
- ☐ Not Applicable – Explain:

4.3 Applicable Local, State, and Federal Project Permits: (Check appropriate box)

- ☐ Obtained – Enclose Approval Notification(s).
- ☐ Scheduled to Obtain Permit(s) – Anticipated Permit(s) Date (insert date):
- ☐ Engineer Selected – Anticipated Start Date (insert date):
- ☐ Engineer Not Selected
- ☐ Date of Approval Unknown
- ☐ Not Applicable - Explain

4.4 Project Bids: (Check appropriate box)

- ☐ Accepted
- ☐ Scheduled to Solicit Bids – Anticipated Solicitation Date (insert date):
- ☐ Date of Bid Solicitation Unknown

SECTION 5: CERTIFICATION & APPROVAL

As the Authorized Representative, I certify that the information contained in this application is, to the best of my knowledge, true, accurate, and correct.

Signature:

Title:

Date: